



|  |  |                        |                       |
|--|--|------------------------|-----------------------|
| <b>FEE TRANSMITTAL</b>                     |  | Complete if Known      |                       |
|  |  | Application Number     | Not Yet Assigned      |
|  |  | Filing Date            | Concurrently Herewith |
|  |  | First Named Inventor   | T. SATO et al.        |
|  |  | Group Art Unit         | Unknown               |
|  |  | Examiner Name          | Unknown               |
| TOTAL AMOUNT OF PAYMENT (\$) <u>690.00</u> |  | Attorney Docket Number | P19977                |

  

| METHOD OF PAYMENT (check one)   | FEE CALCULATION (continued) |                 |                 |  |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |               |          |           |          |                          |          |           |          |                                   |            |  |          |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |             |
|---|-----------------------------|-----------------|-----------------|--|-----------------|----------|-----|-----|-----|-----|--------------------|------------|-----|-----|-----|-----|-------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|--------------------|--|-----|-----|-----|----|------------------------|--|--------------------------|--|--|--|--|------------|--------------|-------|----------------|----------|---------------|----------|-----------|----------|--------------------------|----------|-----------|----------|-----------------------------------|------------|--|----------|----------------|-----------------|----------------|-----------------|-----------------|----------|-----|----|-----|---|------------------------|--|-----|----|-----|----|-----------------------------------|--|-----|-----|-----|-----|--------------------------|--|-----|----|-----|----|---|--|-----|----|-----|---|---|--|--------------------------|--|--|--|--|-------------|--|----------------|-----------------|----------------|-----------------|-----------------|----------|-----|-----|-----|----|-------------------------------------|--|-----|----|-----|----|---|--|-----|-----|-----|-----|---------------------------|--|-----|-------|-----|-------|--|--|-----|------|-----|------|--|--|-----|--------|-----|--------|---|--|-----|-----|-----|----|---|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|-----|-------|-----|-----|---|--|-----|-------|-----|-----|---|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|--------------------------|--|-----|-------|-----|-------|---|--|-----|-----|-----|----|--|--|-----|-------|-----|-----|--|--|-----|-------|-----|-----|--------------------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|--|-----|----|-----|----|---|--|-----|-----|-----|-----|-------------------|--|-----|----|-----|----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|---------------------------|--|--|--|--|--|---------------------------|--|--|--|--|--|--------------------------|--|--|--|--|-------------|
| <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number <u>19-0089</u></p> <p>Deposit Account Name <u>GREENBLUM &amp; BERNSTEIN, P.L.C.</u></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17, including any required extension of time fees in any concurrent or future reply requiring a petition for extension of time for its timely submission (37 CFR 1.136(a)(3))</p> <p><input type="checkbox"/> Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance, 37 CFR 1.311(b)</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed:</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> Check      <input type="checkbox"/> Money Order      <input type="checkbox"/> Other</p> <p style="text-align: center;"><b>FEE CALCULATION (fees effective 11/13/99)</b></p> <p><b>1. FILING FEE</b></p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101</td><td>690</td><td>201</td><td>345</td><td>Utility filing fee</td><td><u>690</u></td></tr> <tr><td>106</td><td>310</td><td>206</td><td>155</td><td>Design filing fee</td><td></td></tr> <tr><td>107</td><td>480</td><td>207</td><td>240</td><td>Plant filing fee</td><td></td></tr> <tr><td>108</td><td>690</td><td>208</td><td>345</td><td>Reissue filing fee</td><td></td></tr> <tr><td>114</td><td>150</td><td>214</td><td>75</td><td>Provisional filing fee</td><td></td></tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (1) (\$)</b></td> <td><u>690</u></td> </tr> </tbody> </table> <p><b>2. CLAIMS</b></p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Total Claims</th> <th>Extra</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td><u>6</u> -20=</td> <td><u>0</u></td> <td><u>18</u></td> <td><u>0</u></td> </tr> <tr> <td>Independent <u>2</u> -3=</td> <td><u>0</u></td> <td><u>78</u></td> <td><u>0</u></td> </tr> <tr> <td>Multiple Dependent Claims _____ x</td> <td><u>260</u></td> <td></td> <td><u>0</u></td> </tr> </tbody> </table> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>102</td><td>78</td><td>202</td><td>39</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>104</td><td>260</td><td>204</td><td>130</td><td>Multiple dependent claim</td><td></td></tr> <tr><td>109</td><td>78</td><td>209</td><td>39</td><td>Reissue independent claims over original patent</td><td></td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (2) (\$)</b></td> <td><u>0.00</u></td> </tr> </tbody> </table> | Large Fee Code              | Entity Fee (\$) | Small Fee Code  | Entity Fee (\$)  | Fee Description | Fee Paid | 101 | 690 | 201 | 345 | Utility filing fee | <u>690</u> | 106 | 310 | 206 | 155 | Design filing fee |  | 107 | 480 | 207 | 240 | Plant filing fee |  | 108 | 690 | 208 | 345 | Reissue filing fee |  | 114 | 150 | 214 | 75 | Provisional filing fee |  | <b>SUBTOTAL (1) (\$)</b> |  |  |  |  | <u>690</u> | Total Claims | Extra | Fee from below | Fee Paid | <u>6</u> -20= | <u>0</u> | <u>18</u> | <u>0</u> | Independent <u>2</u> -3= | <u>0</u> | <u>78</u> | <u>0</u> | Multiple Dependent Claims _____ x | <u>260</u> |  | <u>0</u> | Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | Fee Paid | 103 | 18 | 203 | 9 | Claims in excess of 20 |  | 102 | 78 | 202 | 39 | Independent claims in excess of 3 |  | 104 | 260 | 204 | 130 | Multiple dependent claim |  | 109 | 78 | 209 | 39 | Reissue independent claims over original patent |  | 110 | 18 | 210 | 9 | Reissue claims in excess of 20 and over original patent |  | <b>SUBTOTAL (2) (\$)</b> |  |  |  |  | <u>0.00</u> | <p><b>3. ADDITIONAL FEES</b></p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet.</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for reexamination</td><td></td></tr> <tr><td>112</td><td>900*</td><td>112</td><td>900*</td><td>Requesting publication of SIR Prior to Examiner action</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for response within 1st month</td><td></td></tr> <tr><td>116</td><td>380</td><td>216</td><td>190</td><td>Extension for response within 2nd month</td><td></td></tr> <tr><td>117</td><td>870</td><td>217</td><td>435</td><td>Extension for response within 3rd month</td><td></td></tr> <tr><td>118</td><td>1,360</td><td>218</td><td>680</td><td>Extension for response within 4th month</td><td></td></tr> <tr><td>128</td><td>1,850</td><td>228</td><td>925</td><td>Extension for response within 5th month</td><td></td></tr> <tr><td>119</td><td>300</td><td>219</td><td>150</td><td>Notice of Appeal</td><td></td></tr> <tr><td>120</td><td>300</td><td>220</td><td>150</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121</td><td>260</td><td>221</td><td>130</td><td>Request for oral hearing</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive unavoidably abandoned application</td><td></td></tr> <tr><td>141</td><td>1,210</td><td>241</td><td>605</td><td>Petition to revive unintentionally abandoned application</td><td></td></tr> <tr><td>142</td><td>1,210</td><td>242</td><td>605</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>143</td><td>430</td><td>243</td><td>215</td><td>Design issue fee</td><td></td></tr> <tr><td>144</td><td>580</td><td>244</td><td>290</td><td>Plant issue fee</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Petitions related to provisional applications</td><td></td></tr> <tr><td>126</td><td>240</td><td>126</td><td>240</td><td>Submission of IDS</td><td></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>146</td><td>760</td><td>246</td><td>380</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>149</td><td>760</td><td>249</td><td>380</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td></td></tr> <tr><td colspan="5">Other fee (specify) _____</td><td></td></tr> <tr><td colspan="5">Other fee (specify) _____</td><td></td></tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (3) (\$)</b></td> <td><u>0.00</u></td> </tr> </tbody> </table> <p>*Reduced by Basic Filing Fee paid</p> | Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | Fee Paid | 105 | 130 | 205 | 65 | Surcharge - late filing fee or oath |  | 127 | 50 | 227 | 25 | Surcharge - late provisional filing fee or cover sheet. |  | 139 | 130 | 139 | 130 | Non-English specification |  | 147 | 2,520 | 147 | 2,520 | For filing a request for reexamination |  | 112 | 900* | 112 | 900* | Requesting publication of SIR Prior to Examiner action |  | 113 | 1,840* | 113 | 1,840* | Requesting publication of SIR after Examiner action |  | 115 | 110 | 215 | 55 | Extension for response within 1st month |  | 116 | 380 | 216 | 190 | Extension for response within 2nd month |  | 117 | 870 | 217 | 435 | Extension for response within 3rd month |  | 118 | 1,360 | 218 | 680 | Extension for response within 4th month |  | 128 | 1,850 | 228 | 925 | Extension for response within 5th month |  | 119 | 300 | 219 | 150 | Notice of Appeal |  | 120 | 300 | 220 | 150 | Filing a brief in support of an appeal |  | 121 | 260 | 221 | 130 | Request for oral hearing |  | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding |  | 140 | 110 | 240 | 55 | Petition to revive unavoidably abandoned application |  | 141 | 1,210 | 241 | 605 | Petition to revive unintentionally abandoned application |  | 142 | 1,210 | 242 | 605 | Utility issue fee (or reissue) |  | 143 | 430 | 243 | 215 | Design issue fee |  | 144 | 580 | 244 | 290 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Petitions related to provisional applications |  | 126 | 240 | 126 | 240 | Submission of IDS |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) |  | 146 | 760 | 246 | 380 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 149 | 760 | 249 | 380 | For each additional invention to be examined (37 CFR 1.129(b)) |  | Other fee (specify) _____ |  |  |  |  |  | Other fee (specify) _____ |  |  |  |  |  | <b>SUBTOTAL (3) (\$)</b> |  |  |  |  | <u>0.00</u> |
| Large Fee Code  | Entity Fee (\$)             | Small Fee Code  | Entity Fee (\$) | Fee Description  | Fee Paid        |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |               |          |           |          |                          |          |           |          |                                   |            |  |          |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |             |
| 101   | 690                         | 201             | 345             | Utility filing fee   | <u>690</u>      |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |               |          |           |          |                          |          |           |          |                                   |            |  |          |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |             |
| 106   | 310                         | 206             | 155             | Design filing fee  |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |               |          |           |          |                          |          |           |          |                                   |            |  |          |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |             |
| 107   | 480                         | 207             | 240             | Plant filing fee   |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |               |          |           |          |                          |          |           |          |                                   |            |  |          |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |             |
| 108   | 690                         | 208             | 345             | Reissue filing fee   |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |               |          |           |          |                          |          |           |          |                                   |            |  |          |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |             |
| 114   | 150                         | 214             | 75              | Provisional filing fee   |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |               |          |           |          |                          |          |           |          |                                   |            |  |          |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |             |
| <b>SUBTOTAL (1) (\$)</b>  |                             |                 |                 |  | <u>690</u>      |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |               |          |           |          |                          |          |           |          |                                   |            |  |          |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |             |
| Total Claims  | Extra                       | Fee from below  | Fee Paid        |  |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |               |          |           |          |                          |          |           |          |                                   |            |  |          |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |             |
| <u>6</u> -20=   | <u>0</u>                    | <u>18</u>       | <u>0</u>        |  |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |               |          |           |          |                          |          |           |          |                                   |            |  |          |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |             |
| Independent <u>2</u> -3=  | <u>0</u>                    | <u>78</u>       | <u>0</u>        |  |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |               |          |           |          |                          |          |           |          |                                   |            |  |          |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |             |
| Multiple Dependent Claims _____ x   | <u>260</u>                  |                 | <u>0</u>        |  |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |               |          |           |          |                          |          |           |          |                                   |            |  |          |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |             |
| Large Fee Code  | Entity Fee (\$)             | Small Fee Code  | Entity Fee (\$) | Fee Description  | Fee Paid        |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |               |          |           |          |                          |          |           |          |                                   |            |  |          |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |             |
| 103   | 18                          | 203             | 9               | Claims in excess of 20   |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |               |          |           |          |                          |          |           |          |                                   |            |  |          |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |             |
| 102   | 78                          | 202             | 39              | Independent claims in excess of 3  |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |               |          |           |          |                          |          |           |          |                                   |            |  |          |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |             |
| 104   | 260                         | 204             | 130             | Multiple dependent claim   |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |               |          |           |          |                          |          |           |          |                                   |            |  |          |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |             |
| 109   | 78                          | 209             | 39              | Reissue independent claims over original patent                            |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |               |          |           |          |                          |          |           |          |                                   |            |  |          |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |             |
| 110   | 18                          | 210             | 9               | Reissue claims in excess of 20 and over original patent                    |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |               |          |           |          |                          |          |           |          |                                   |            |  |          |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |             |
| <b>SUBTOTAL (2) (\$)</b>  |                             |                 |                 |  | <u>0.00</u>     |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |               |          |           |          |                          |          |           |          |                                   |            |  |          |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |             |
| Large Fee Code  | Entity Fee (\$)             | Small Fee Code  | Entity Fee (\$) | Fee Description  | Fee Paid        |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |               |          |           |          |                          |          |           |          |                                   |            |  |          |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |             |
| 105   | 130                         | 205             | 65              | Surcharge - late filing fee or oath  |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |               |          |           |          |                          |          |           |          |                                   |            |  |          |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |             |
| 127   | 50                          | 227             | 25              | Surcharge - late provisional filing fee or cover sheet.                    |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |               |          |           |          |                          |          |           |          |                                   |            |  |          |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |             |
| 139   | 130                         | 139             | 130             | Non-English specification  |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |               |          |           |          |                          |          |           |          |                                   |            |  |          |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |             |
| 147   | 2,520                       | 147             | 2,520           | For filing a request for reexamination                                     |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |               |          |           |          |                          |          |           |          |                                   |            |  |          |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |             |
| 112   | 900*                        | 112             | 900*            | Requesting publication of SIR Prior to Examiner action                     |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |               |          |           |          |                          |          |           |          |                                   |            |  |          |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |             |
| 113   | 1,840*                      | 113             | 1,840*          | Requesting publication of SIR after Examiner action                        |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |               |          |           |          |                          |          |           |          |                                   |            |  |          |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |             |
| 115   | 110                         | 215             | 55              | Extension for response within 1st month                                    |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |               |          |           |          |                          |          |           |          |                                   |            |  |          |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |             |
| 116   | 380                         | 216             | 190             | Extension for response within 2nd month                                    |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |               |          |           |          |                          |          |           |          |                                   |            |  |          |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |             |
| 117   | 870                         | 217             | 435             | Extension for response within 3rd month                                    |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |               |          |           |          |                          |          |           |          |                                   |            |  |          |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |             |
| 118   | 1,360                       | 218             | 680             | Extension for response within 4th month                                    |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |               |          |           |          |                          |          |           |          |                                   |            |  |          |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |             |
| 128   | 1,850                       | 228             | 925             | Extension for response within 5th month                                    |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |               |          |           |          |                          |          |           |          |                                   |            |  |          |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |             |
| 119   | 300                         | 219             | 150             | Notice of Appeal   |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |               |          |           |          |                          |          |           |          |                                   |            |  |          |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |             |
| 120   | 300                         | 220             | 150             | Filing a brief in support of an appeal                                     |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |               |          |           |          |                          |          |           |          |                                   |            |  |          |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |             |
| 121   | 260                         | 221             | 130             | Request for oral hearing   |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |               |          |           |          |                          |          |           |          |                                   |            |  |          |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |             |
| 138   | 1,510                       | 138             | 1,510           | Petition to institute a public use proceeding                              |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |               |          |           |          |                          |          |           |          |                                   |            |  |          |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |             |
| 140   | 110                         | 240             | 55              | Petition to revive unavoidably abandoned application                       |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |               |          |           |          |                          |          |           |          |                                   |            |  |          |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |             |
| 141   | 1,210                       | 241             | 605             | Petition to revive unintentionally abandoned application                   |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |               |          |           |          |                          |          |           |          |                                   |            |  |          |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |             |
| 142   | 1,210                       | 242             | 605             | Utility issue fee (or reissue)   |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |               |          |           |          |                          |          |           |          |                                   |            |  |          |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |             |
| 143   | 430                         | 243             | 215             | Design issue fee   |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |               |          |           |          |                          |          |           |          |                                   |            |  |          |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |             |
| 144   | 580                         | 244             | 290             | Plant issue fee  |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |               |          |           |          |                          |          |           |          |                                   |            |  |          |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |             |
| 122   | 130                         | 122             | 130             | Petitions to the Commissioner  |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |               |          |           |          |                          |          |           |          |                                   |            |  |          |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |             |
| 123   | 50                          | 123             | 50              | Petitions related to provisional applications                              |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |               |          |           |          |                          |          |           |          |                                   |            |  |          |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |             |
| 126   | 240                         | 126             | 240             | Submission of IDS  |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |               |          |           |          |                          |          |           |          |                                   |            |  |          |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |             |
| 581   | 40                          | 581             | 40              | Recording each patent assignment per property (times number of properties) |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |               |          |           |          |                          |          |           |          |                                   |            |  |          |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |             |
| 146   | 760                         | 246             | 380             | Filing a submission after final rejection (37 CFR 1.129(a))                |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |               |          |           |          |                          |          |           |          |                                   |            |  |          |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |             |
| 149   | 760                         | 249             | 380             | For each additional invention to be examined (37 CFR 1.129(b))             |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |               |          |           |          |                          |          |           |          |                                   |            |  |          |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |             |
| Other fee (specify) _____   |                             |                 |                 |  |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |               |          |           |          |                          |          |           |          |                                   |            |  |          |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |             |
| Other fee (specify) _____   |                             |                 |                 |  |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |               |          |           |          |                          |          |           |          |                                   |            |  |          |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |             |
| <b>SUBTOTAL (3) (\$)</b>  |                             |                 |                 |  | <u>0.00</u>     |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |               |          |           |          |                          |          |           |          |                                   |            |  |          |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |             |

| SUBMITTED BY          |                           |                    |        | Complete (if applicable) |         |
|-----------------------|---------------------------|--------------------|--------|--------------------------|---------|
| Typed or Printed Name |                           | Bruce H. Bernstein |        | Reg. Number              | 29,027  |
| Signature             | <i>Bruce H. Bernstein</i> | Reg. No.           | 33,329 | Date                     | 9/13/00 |
|                       |                           |                    |        | Deposit Account User ID  |         |

P19977.P03

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : T. SATO et al.

Serial No : Not Yet Assigned

Filed : Concurrently Herewith

For :NADE BINDING PROTEINS

COVER LETTER ACCOMPANYING U.S. PATENT APPLICATION  
FILED UNDER 37 C.F.R. 1.53(b)and 1.53(f)

Commissioner of Patents and Trademarks  
Washington, D.C. 20231

Sir:

Enclosed is a new patent application for filing in the U.S. Patent and Trademark Office under 37 C.F.R. 1.53(b)and 1.53(f) in which the Declaration and Power of Attorney attached thereto are in unexecuted form. An executed Declaration and Power of Attorney will be filed within the time period set forth in the Notice to File Missing Parts of Application, unless such time period has been extended by the filing of a petition accompanied by the extension fee under the provisions of 37 C.F.R. 1.136(a).



Related to this, a correspondence address is provided in the unexecuted Declaration and Power of Attorney, and is as follows:

GREENBLUM & BERNSTEIN, P.L.C.  
1941 Roland Clarke Place  
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The above-identified application includes:

- 24 pages of specification (including Abstract);
- 6 total claims; with 2 independent;
- an unexecuted Declaration and Power of Attorney.

If there are any questions, please contact the undersigned at the below-listed telephone number.

Respectfully submitted,  
T. SATO et al.

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